

LSTA Digitization Mini-Grant Reimbursement Request One

Library Name: _____

Project #: _____ Fiscal Agency Federal Employer #: _____

Address: _____

A complete, legible copy of each invoice, receipt and other supportive documentation must be attached to this form.

City: _____ Zip: _____

Fiscal Agency (if different): _____

I have reviewed all documents included with this Reimbursement Request and certify that they are accurate and for activities approved in the grant application.

Street Address: _____

City: _____ Zip: _____

Date Submitted: _____

Fiscal Agent Signature

Grant Administrator Signature

Typed Name and Title

Typed Name and Title

Training: (number of days in increments of .5)

Date	Number of Staff	Number of Days	x 200	Total Training
			x 200	
			x 200	
			x 200	

**This form must be received by our office
no later than September 30, 2003.**

Travel:

Date	Beginning Destination	Ending Destination	Miles Traveled	x 0.36	Mileage Total	Meals	Lodging	Total Travel
				x 0.36				
				x 0.36				
				x 0.36				

Digitization Equipment, Software, Technology, Promotion:

Payee/Vendor Name	Invoice Total	Amount Requested	Budget Category	Date Paid	Check Number



Dept. of History, Arts and Libraries
LSTA Team
702 West Kalamazoo Street
PO Box 30007
Lansing, MI 48909-7507

Total Amount _____

Total Reimbursement Request _____